

APPLICATION FOR APPOINTMENT TO THE MEDICAL STAFF

(Use additional sheets where necessary for additional space)

HOSPITAL	Wasatch County Hospital			LOCATION	Heber City, UT			DATE	8/26/81						
IDENTIFYING INFORMATION	LAST NAME	Kelly		FIRST NAME	Janet		INITIAL	R.		BIRTHPLACE	Omaha, Nebraska				
	DATE OF BIRTH	2/14/47													
	OFFICE ADDRESS	UUMC 50 N. Medical DR			CITY	SLC		STATE	UT		ZIP CODE	84132			
	AREA CODE	801		TELEPHONE	581-5595										
	HOME ADDRESS	900 S. Mill RD			CITY	Heber City		STATE	UT		ZIP CODE	84032			
	AREA CODE	801		TELEPHONE	654-3220										
	CITIZENSHIP	USA			MARITAL STATUS	<input checked="" type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D			NAME OF SPOUSE	Tracy Lane					
	PRACTICE LIMITED TO Family Practice														
	OTHER MEDICAL INTERESTS IN PRACTICE, RESEARCH, ETC. Teaching and Research														
	PRACTICING WITH WHOM AND NATURE OF AFFILIATION Department of Family Medicine University of Utah														
MEDICAL INFORMATION	ON SEPARATE SHEET, FURNISH DATE OF LAST PHYSICAL EXAMINATION, SIGNIFICANT FINDINGS, NAME OF PHYSICIAN AND/OR INSTITUTION WHERE PERFORMED, AND DATES AND CAUSES OF ALL HOSPITALIZATIONS FOR PAST FIVE YEARS.														
PREMEDICAL EDUCATION	COLLEGE OR UNIVERSITY	Carroll College					DEGREE	BS		HONORS	cum laude				
	ADDRESS	Waukesha, WI					DATE OF GRADUATION	1969							
MEDICAL EDUCATION	MEDICAL SCHOOL	U of Illinois College of Medicine					DEGREE	MD		HONORS					
	ADDRESS	Medical Center Chicago, IL					DATE OF GRADUATION	1973							
INTERNSHIP	HOSPITAL	U of OK Hosps & Clinics					ADDRESS	P O Box 25606 OK City OK 73125				DATES	1973-74		
	TYPE OF INTERNSHIP	Family Practice					SPECIAL								
	PRACTITIONERS RESPONSIBLE FOR PERFORMANCE (CHIEF OF STAFF, CHAIRMEN OF DEPARTMENTS, OTHERS) Dr. Norman Haug														
RESIDENCIES	FELLOWSHIPS, PRECEPTORSHIPS, TEACHING APPOINTMENTS, POSTGRADUATE EDUCATION (CHRONOLOGICAL ORDER: DATES, LOCATIONS, CHIEFS OF STAFF, CHAIRMEN OF DEPARTMENTS AND OTHER PRACTITIONERS RESPONSIBLE FOR PERFORMANCE)														
	LOCATION	U of OK Family Med. Clinic 1600 N Phillips OK City OK 73125								DATES	1974-76				
	LOCATION									DATES					
	LOCATION									DATES					
	LOCATION									DATES					
CONTINUING MEDICAL EDUCATION	ON SEPARATE SHEET, LIST ALL POSTGRADUATE ACTIVITIES WHICH YOU HAVE ATTENDED, OR FOR WHICH YOU HAVE RECEIVED CREDIT IN THE PAST TWO YEARS.														
	FURNISH A LIST OF SCIENTIFIC PAPERS OR ESSAYS YOU HAVE WRITTEN, AND A LIST OF SCIENTIFIC MEETINGS YOU HAVE ATTENDED DURING PREVIOUS THREE YEARS (INCLUDE REPRINTS).														
AFFILIATIONS	PRESENT CAPACITY WITH THIS HOSPITAL														
	LIST ALL PRESENT AND PREVIOUS HOSPITAL AFFILIATIONS AND MEDICAL STAFF MEMBERSHIPS, IN CHRONOLOGICAL ORDER (INCLUDE ASSISTANTSHIPS AND APPOINTMENTS). SPECIFY ALL DEPARTMENTS IN WHICH PRIVILEGES WERE EXERCISED AND NATURE AND EXTENT OF SUCH PRIVILEGES.														
	NAME AND LOCATION OF HOSPITAL	U of OK Hospital							CAPACITY	active staff physician			DATES	1976-present	
	NAME AND LOCATION OF HOSPITAL	U of OK Children's Memorial Hospital							CAPACITY	courtesy staff			DATES	1976-present	
	NAME AND LOCATION OF HOSPITAL	U of OK Department of Family Practice							CAPACITY	Assistant clinical professor			DATES		
	NAME AND LOCATION OF HOSPITAL	U of UT Department of Family Practice							CAPACITY	Fellow			DATES	1981-present	
DESCRIPTION OF PRACTICE	ON SEPARATE SHEET, GIVE NARRATIVE SUMMARY OF ALL PAST AND PRESENT MEDICAL PRACTICE INCLUDING OFFICE, CLINIC, HOSPITAL AND MILITARY.														
MEMBERSHIP IN PROFESSIONAL SOCIETIES	ARE YOU A MEMBER OF THE <u>Salt Lake</u> COUNTY MEDICAL ASSOCIATION? <input type="checkbox"/> YES <input type="checkbox"/> NO														
	DO YOU HAVE AN APPLICATION PENDING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO														
	DO YOU INTEND TO APPLY? <input type="checkbox"/> YES <input type="checkbox"/> NO														
	IF MEMBER PAST OR PRESENT OR APPLICANT TO OTHER COUNTY, STATE OR NATIONAL SOCIETY, GIVE NAME OK County Medical Society														
FELLOWSHIP	AMERICAN COLLEGE OF	Family Practice								DATE	1978				
	AMERICAN COLLEGE OF									DATE					
	MEMBER OF AMERICAN ACADEMY OF FAMILY PRACTICE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO														
	FELLOWSHIP IN OTHER SPECIALTY COLLEGES														